

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Synergistic Dietary Formulations for Treatment of Inflammatory Conditions

the specification of which (check one)

☒ is attached hereto
was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable).


I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby appoint as my attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Dr. Melvin Blecher, Reg. No. 33,649.

Send all correspondence to 4329 Van Ness St., NW, Second Floor, Washington, DC 20016-5625. Address telephone communications to Dr. Melvin Blecher at Tel. (202)-363-3338; FAX (202) 362-8404.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor Theoharis C. Theoharides, PhD, MD	Signature of First or Sole Inventor 	Date 1/18/2001
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